

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09 7 39 731

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/	/	/			54						
5		/	/	/			55						
6		/	/	/			56						
7		/	/	/			57						
8		/		/			58						
9		/		/			59						
10		/		/			60						
11	/		/				61						
12		/		/			62						
13		/		/			63						
14		/	/	/			64						
15		/	/	/			65						
16		/	/	/			66						
17		/	/	/			67						
18		/		/			68						
19		/		/			69						
20	/		/				70						
21		/		/			71						
22		/		/			72						
23		/	/	/			73						
24		/	/	/			74						
25		/	/	/			75						
26		/	/	/			76						
27		/		/			77						
28		/		/			78						
29			/				79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35			/				85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41			/				91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50							100						
TOTAL IND.	3		6				TOTAL IND.						
TOTAL DEP.	25		30				TOTAL DEP.						
TOTAL	28		36				TOTAL						

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